AS FILED	3 DATE	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)											
NO   DEP   IND						MS	CLA				POR OB		
\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•		•		*		TER NDMENT	AF 2nd AME	TER NDMENT	AF 1st AME	ILED	AS F	
\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	IND. DEP.	DEP.	IND.	DEP.	IND.		DEP.	IND.	DEP.	IND.	DEP.	IND.	
\$ /	<del>  </del>	<u> </u>	<del> </del>		ļ						<b> </b>	1/	
\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del>                                     </del>		<u> </u>	<del> </del>	<u> </u>	<del></del>					7		
9												_/_	
9			ļ		<u> </u>					· · ·	ļ,-		
9						_			<u> </u>	$\vdash \leftarrow$	<u> </u>		
14	<del>                                     </del>		-							<del></del>	1		
14					-					7	1		9
14						60				<u> </u>	i		
14										<del></del>	<u> </u>	ļ	
14	<del>                                     </del>									4	,		
18	+									\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1		
18										人	1		
18										()	!	<b> </b>	
19	ļ									<del>-//</del>	1		
20 (	<del> </del>												
23	1									']/		_ /	
23	1												
23			-										
25	<del> </del>					1					-4-		
26	<del>                                     </del>												
27	<del> </del>												26
31						<del></del>							-
31													
\$1													
32													-
35 36 86 87 37 38 88 88 89 40 90 41 91 91 42 92 43 93 93 94 44 45 95 95 46 477 977 48 88 99 99 50 100 TOTAL IND.	<del> </del>												32
35 36 86 87 37 38 88 88 89 40 90 41 91 91 42 92 43 93 93 94 44 45 95 95 46 477 977 48 88 99 99 50 100 TOTAL IND.						83							
36						+							
37	<del> </del>	+											
40	<del>                                     </del>		-+		- +								
40													
41								-					
44 94 95 95 96 97 48 99 99 99 50 TOTAL IND. TOTAL IND.	<del></del>	$\longrightarrow$	$\longrightarrow$					<del></del>					
44 94 95 96 96 97 48 99 99 99 50 TOTAL IND. TOTAL IND.	<del>                                     </del>												
44 94 95 95 96 96 97 97 98 99 99 99 99 99 99 99 99 99 99 99 99		$\dashv$			-								
46 96 97 97 98 99 99 99 99 99 99 99 99 99 99 99 99													
47 48 49 50 TOTAL IND.		$\Box$		-									
49 99 99 100 TOTAL IND. TOTAL IND.	<del>                                     </del>	$\longrightarrow$											
49 99 50 100 TOTAL IND. TOTAL IND.	<del>                                     </del>						<del></del>						
TOTAL 6 TOTAL IND.	<del>                                     </del>		$\rightarrow$										49
IND. C IND. IND.													
TOTAL COMPANY OF TOTAL					T	TOTAL IND.	1		1 L		ı l		IND.
	<b>—</b>	ا ب	,	<b>.</b>		TOTAL DEP.	<b>-</b>		<b>-</b> • [		_ [	12.	TOTAL DEP.
TOTAL CLAIMS TOTAL CLAIMS					T	TOTAL CLAIMS							TOTAL CLAIMS
PTO-1360 (3-78)  •MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS  U.S. DEPARTMENT of Control of Co				DMENTS	R AMEND		RADDITIONAL	USED FOI	MAY BE			(3-78)	

er de la company de la comp